

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.
10/069546

FILING DATE

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2						
3	(1)					
4	(2)					
5	(2)					
6	(2)					
7	(2)					
8	(1)					
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11	(1)			(1)		
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50						
TOTAL IND.			4			
TOTAL DEP.						
TOTAL CLAIMS		15				

*	IND.	DEP.	*	IND.	DEP.	*
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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS		15				

BEST AVAILABLE COPY